

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2000-05

PUPIL RESIDENCY VERIFICATION AND APPEALS

May 1, 2000

In accordance with Government Code Section 17561, school districts may submit claims to the State Controller's Office for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that school districts will use for the filing of claims for Pupil Residency Verification and Appeals. These claiming instructions are issued subsequent to amendments of the program's parameters and guidelines by the Commission on State Mandates (COSM).

Chapter 309, Statutes of 1995, requires school districts adjacent to an international border to make reasonable efforts, if a district employee believes that the parent or guardian of a pupil has provided false or unreliable evidence of residency, to determine that the pupil actually meets the residency requirements. In addition, Imperial and San Diego counties are prohibited from allocating funds to any school district that has not adopted appeals procedures for pupils whose parents or guardians have failed to adequately verify that the pupils meet residency requirements.

These instructions incorporate an additional claim component that was unavailable in Claiming Instructions No. 99-11, issued in December 1999. A school district may file an amended claim for the additional reimbursable activities as indicated by the revision markings on page three of these claiming instructions.

Reimbursement claims for the period August 3, 1995, to June 30, 1996, and the 1996-97, 1997-98, and 1998-99 fiscal years must be filed with the State Controller's Office. *Claims must be delivered or postmarked on or before August 29, 2000.* Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. In order for a claim to be considered properly filed, it must include supporting documentation to substantiate the costs claimed as specified in the instructions. In addition, the functions performed by each employee for whom costs were claimed must be explained. *Claims filed more than one year after the deadline, or without supporting documentation, will not be accepted.*

An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which costs will be incurred. However, 1999-00 estimated claims may be filed with the State Controller's Office and *postmarked by August 29, 2000.* Timely filed claims will be paid before late claims.

Minimum Claim Cost

Section 17564 (a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each school district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. A school district may withdraw from the combined claim form by providing the county superintendent and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

Estimated Claims

Unless otherwise specified in the claiming instructions, claimants are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified for the program and explain the reason for increased costs. If no explanation supporting the higher estimate is provided with the claim, the claim will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Reimbursement Claims

Reimbursement claims for actual increased costs must be supported by documentation providing evidence of the validity of the expenditures including, but not limited to, employee time records, invoices, receipts, contracts, and purchase orders. No claim for actual costs shall be filed without supporting documentation.

Audit of Costs

All claims submitted to the State Controller's Office are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the State Controller's Office as deemed necessary. Accordingly, documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim.

Claim documentation shall be made available to the State Controller's Office on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your *Mandated Cost Manual* for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. Each year the State Controller's Office will send updates on forms as well as any other information or instructions necessary to file claims. When new program costs are claimable, instructions will be sent to claimants.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locrim/index.htm.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim For Payment, and a copy of all other forms and supporting documents to:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Pupil Residency Verification and Appeals

1. Summary of Chapter 309/95

Education Code Sections 48204.5 and 48204.6, Revenue and Taxation Code Section 97.3, and Section 5 of Chapter 309, Statutes of 1995, as added and amended by Chapter 309, Statutes of 1995, require any school district adjacent to an international border to make reasonable efforts, if a district employee reasonably believes that the parent or guardian of a pupil has provided false or unreliable evidence of residency, to determine that the pupil actually meets the residency requirements. In addition, Imperial and San Diego County Superintendents of Schools are prohibited from allocating funds to any school district that has not adopted an appeals procedure for a pupil whose parent or guardian has failed to adequately verify that the pupil meets residency requirements.

On June 24, 1999, the Commission on State Mandates determined that Chapter 309, Statutes of 1995, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

2. Eligible Claimants

With the exception of community colleges, any school district, as defined in Government Code Section 17519, that is adjacent to an international border and incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the amended parameters and guidelines by the Commission on State Mandates. Funding for payment of initial claims covering fiscal period August 3, 1995, through June 30, 1996, and fiscal years 1996-97, 1997-98, 1998-99, and 1999-00 may be available in a future appropriation act subject to the approval of the Legislature and the Governor.

To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriation for State Mandated Cost Programs" in the *Annual Claiming Instructions for State Mandated Costs* issued in October of each year to county superintendents of schools and superintendents of schools.

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Section 17564 (a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each school district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. A school district may withdraw from the combined claim form by providing the county superintendent and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim.

4. Filing Deadline

A. Initial Claims

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

Reimbursement claims detailing the actual costs incurred for the period August 3, 1995, through June 30, 1996, and the 1996-97, 1997-98, and 1998-99 fiscal years must be filed with the State Controller's Office and postmarked by August 29, 2000. If the reimbursement claim is filed after the deadline of August 29, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by August 29, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-2000 reimbursement claim must be filed by January 15, 2001.

B. Annually Thereafter

Refer to the item "Reimbursable State Mandated Cost Programs," contained in the cover letter for mandated cost programs issued annually in October that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/19__ Reimbursement Claim" and/or "19__/20__ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the school district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the school district may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

5. Reimbursable Activities

For each eligible claimant, all direct and indirect costs of labor, materials and supplies, contract services, equipment, training, and travel for the following activities only are eligible for reimbursement:

A. Determination of Pupil's Residency

Any reasonable effort to determine a pupil's residency, if the verification occurs at a time other than the annual residency verification required under Title 5, California Code of Regulations, Section 432.

B. Adoption of Appeal Procedure

The one-time activity of adopting an appeals procedure, substantially similar to Mountain Empire Unified School District's¹, for pupils who fail to adequately verify their residency.

C. On-going Activities

On-going activities related to the appeals procedure for pupils who fail to adequately verify their residency, including:

- (1) Notifying a pupil 18 years or older or the parent or guardian of a pupil under 18 years of age of the administrative determination that the pupil failed to adequately verify residency.
- (2) Receipt and evaluation of the request to appeal the proposed exclusion of the pupil.
- (3) Arranging and conducting a formal conference to discuss the proposed exclusion of the pupil.
- (4) Providing the pupil or parent/guardian, for inspection purposes only, the documentation supporting the administrative determination that the pupil failed to adequately verify residency.
- (5) Providing a written report of the final decision to a pupil 18 years or older, or the parent/guardian of a pupil under 18 years of age, and the governing board.

6. Reimbursement Limitations

- A.** Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected under the Public Records Act (Gov. Code § 6250, et al.), federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.
- B.** Any portion of the \$147,575 appropriated by Chapter 309, Statutes of 1995, for allocation to the Imperial and San Diego County Superintendents of Schools shall be treated as an offset.
- C.** Chapter 309, Statutes of 1995, Subdivision (b), authorized an annual appropriation in the Budget Act for subsequent fiscal years for this purpose. These funds shall be treated as an offset.

¹ Appeal to the Governing Board

Any parent or guardian who receives determination of non-residency from the hearing officer may appeal such ruling to the Governing Board. Such appeal must be filed within ten (10) days of the hearing officer's decision. Such appeal must be presented to the District Superintendent within the ten-day period. If not so represented, the hearing officer's decision regarding exclusion shall become final.

Any parent or guardian who files an appeal with the Governing Board shall be accorded the following rights:

- 1) The child may continue to attend school during the period of the appeal.
- 2) The parent or guardian shall have the right to have a representative present to assist in presenting the appeal to the Governing Board.
- 3) The parent or guardian shall have the right to give rebuttal to any evidence and to question any witness presented by the District.
- 4) The parent or guardian shall have the right to present oral and/or documentary evidence on the child's behalf, including witnesses.

The appeal before the Governing Board shall be limited to a review of all evidence that was considered at the time of the administrative hearing. Except in cases where good cause is shown, the Governing Board will not reopen the record to consider evidence or argument that was not presented at the time of the administrative hearing. The decision of the Governing Board shall be final. Such decision shall be mailed to the parent or guardian as soon as practical following the conclusion of the appeal process.

7. Claim Forms and Instructions

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms PRVA-1 and PRVA-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary.

A. Form PRVA-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form PRVA-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee and/or show the classification of each employee involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contract Services

Contract services approved by the school district's governing body are reimbursable. Give the name of the contractor who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

(4) Fixed Assets

List the purchase price of equipment and other capital assets acquired specifically for the purpose of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If the asset is acquired for the subject mandate, but is utilized

in some way not directly related to the program, only the prorated portion of the asset that is used for purposes of this program is reimbursable.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the purchases.

(5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name of the traveler, purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

(6) Training

The cost of training for activities specified in 5A, B, and C may be claimed. Give the name of the training session, dates, location, and name of the employee attending training associated with this mandate. Reimbursable costs include salaries and benefits for time spent, the registration fee, transportation, lodging, and per diem.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

B. Form PRVA-1, Claim Summary

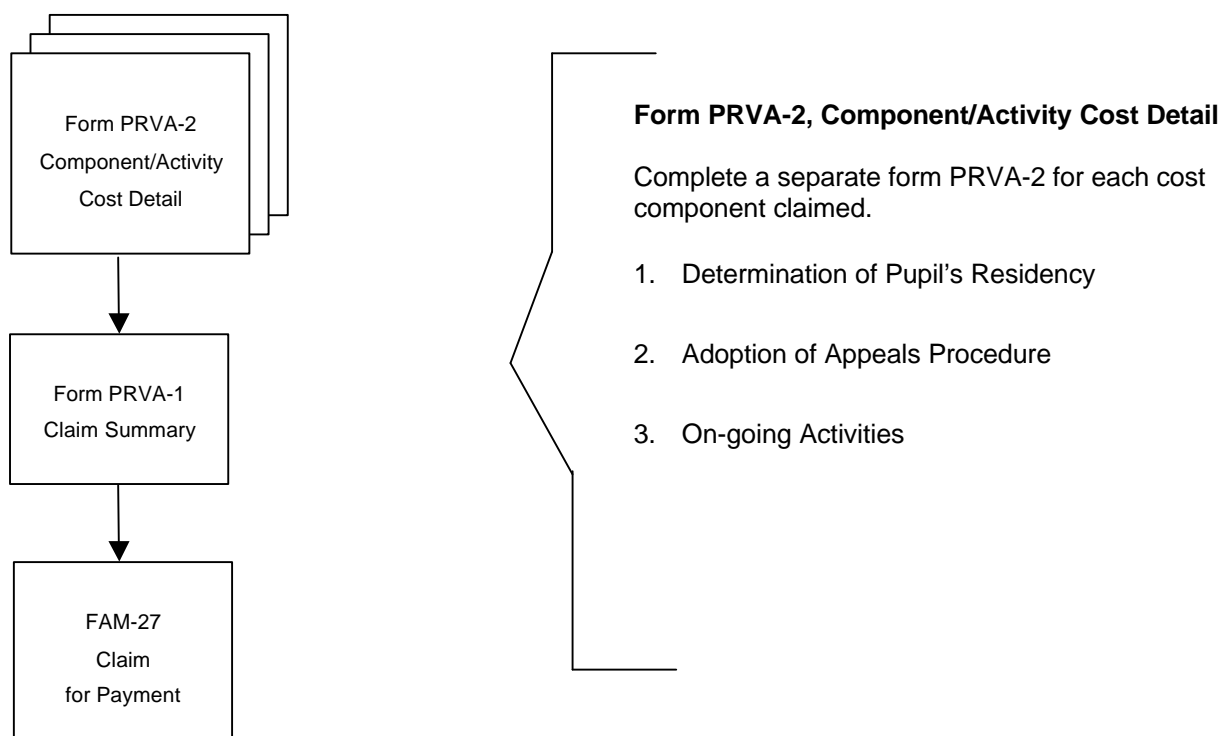
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Claim statistics shall identify the work performed for costs claimed. The claimant must give (1) the number of pupil residency verifications that occurred at a time other than the annual verification of residency required by Title 5, California Code of Regulations, Section 432, and (2) the number of appeals requested by parents who received a determination of non-residency in the fiscal year of costs.

School districts and local boards of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form PRVA-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Forms



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 PUPIL RESIDENCY VERIFICATION AND APPEALS			For State Controller Use Only	
(01) Claimant Identification Number			(19) Program Number 00182	
(02) Mailing Address			(20) Date File _____/_____/_____	
Claimant Name			(21) LRS Input _____/_____/_____	
County of Location			(22) PRVA-1, (03)(a)	
Street Address or P.O. Box			(23) PRVA-1, (03)(b)	
City State Zip Code			(24) PRVA-1, (04)(1)(f)	
Type of Claim			(25) PRVA-1, (04)(2)(f)	
Estimated Claim			(26) PRVA-1, (04)(3)(f)	
Reimbursement Claim			(27) PRVA-1, (06)	
(03) Estimated <input type="checkbox"/>			(28)	
(04) Combined <input type="checkbox"/>			(29)	
(05) Amended <input type="checkbox"/>			(30)	
Fiscal Year of Cost			(31)	
(06) 19____/20____			(32)	
Total Claimed Amount			(33)	
(07)			(34)	
Less: 10% Late Penalty, not to exceed \$1,000			(35)	
(14)			(36)	
Less: Estimated Claim Payment Received			(37)	
(15)			(38)	
Net Claimed Amount			(39)	
(16)			(40)	
Due from State			(41)	
(08)			(42)	
Due to State			(43)	
(18)			(44)	
(38) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 309, Statutes of 1995, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 309, Statutes of 1995. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 309, Statutes of 1995, set forth on the attached statements.				
Signature of Authorized Representative			Date	
_____			_____	
Type or Print Name			Title	
_____			_____	
(39) Name of Contact Person for Claim			Telephone Number (_____) _____ Ext. _____	
_____			E-mail Address _____	

PUPIL RESIDENCY VERIFICATION AND APPEALS
Certification Claim Form
Instructions

FORM
FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form PRVA-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form PRVA-1, line (11).
- (14) Filing Deadline. Initial Claims of Ch. 309/95. If the reimbursement claim for the period 8/3/95 to 6/30/96 and fiscal years 1996-97, 1997-98, or 1998-99, is filed after August 29, 2000, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (27) for the reimbursement claim e.g. PRVA-1, (03)(a), means the information is located on form PRVA-1, line (03), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect costs percentage should be shown as a whole number and without the percent symbol (i.e., 7.548% should be shown as 8). Completion of this data block will expedite the payment process.
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name, telephone number, and e-mail of the person whom this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

MANDATED COSTS PUPIL RESIDENCY VERIFICATION AND APPEALS CLAIM SUMMARY						FORM PRVA-1	
(01) Claimant			(02) Type of Claim			Fiscal Year	
			Reimbursement <input type="checkbox"/>				
			Estimated <input type="checkbox"/>			19__/20__	
Claim Statistics							
(03) (a) Number of pupils for whom residency verification was requested at a time other than the annual verification of residency required by Title 5, California Code of Regulations, §432.							
(b) Number of appeals requested due to determination of non-residency.							
Direct Costs							
(04) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel and Training	(d) Fixed Assets	(e) Contract Services	(f) Total	
1. Determination of Pupil's Residency							
2. Adoption of Appeals Procedure							
3. On-going Activities							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate						[From J-380 or J-580]	
						%	
(07) Total Indirect Costs						[Line (06) x (Line (05)(f) – {Line (05)(d) + Line (05)(e)})]	
(08) Total Direct and Indirect Costs						[Line (05)(f) + Line (07)]	
Cost Reduction							
(09) Less: Offsetting Savings, if applicable							
(10) Less: Other Reimbursements, if applicable							
(11) Total Claimed Amount						[Line (08) – {Line (09) + Line (10)}]	

PUPIL RESIDENCY VERIFICATION AND APPEALS
Certification Claim Form
Instructions

FORM
PRVA-1

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form PRVA-1 must be filed for a reimbursement claim. Do not complete form PRVA-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form PRVA-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of pupils for whom residency verification was requested at a time other than the annual verification of residency required by Title 5, California Code of Regulations, Section 432.
- (b) Enter the number of appeals filed by parents or guardians who received a determination of non-residency.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form PRVA-2, line (05), columns (d), (e), (f), (g), and (h) to form PRVA-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Direct Costs, line (05)(f), reduced by Fixed Assets, line (05)(d) and Contract Services, line (05)(e).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- The test claim legislation appropriated \$147,575 from the General Fund to the Superintendent of Public Instruction to be allocated to the County Superintendent of Schools of Imperial and San Diego counties for the purpose of assisting school districts that are adjacent to the international border with pupil residency verification. Any portion of this additional allocation received by international border school districts shall be treated as an offset. Also, funds appropriated in the Budget Act in subsequent fiscal years for this purpose shall be treated as an offset.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

MANDATED COSTS
PUPIL RESIDENCY VERIFICATION AND APPEALS
COMPONENT/ACTIVITY COST DETAIL

FORM
PRVA-2

(01) Claimant

(02) Fiscal Year Costs Were Incurred

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.
☐ Determination of Pupil's Residency

☐ Adoption of Appeals Procedure

☐ On-going Activities

(04) Description of Expenses: Complete columns (a) through (h).

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Travel and Training	(g) Fixed Assets	(h) Contract Services
(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ____ of ____					

PUPIL RESIDENCY VERIFICATION AND APPEALS
CLAIM SUMMARY
Instructions

FORM
PRVA-2

- (01) Enter the name of the claimant.
- (02) No entry required.
- (03) Reimbursable Components. Check the box that indicates the cost component being claimed. Check only one box per form. A separate form PRVA-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
Benefits	Title	Benefit Rate	Hours Worked		Benefits = Benefit Rate x Salaries			
	Activities							
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used		
Travel and Training	Purpose of Trip Name and Title	Per Diem Rate	Days				Rate x Days or Miles	
Travel	Departure and Return Date	Mileage Rate	Miles				Total Travel Cost	
Training	Employee Name and Title	Travel Cost	Travel Mode					
	Name of Class		Dates Attended			Registration Fee		
Fixed Assets	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used			Itemized Cost of Equipment Purchased		Invoice
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Itemized Cost of Services Performed	Invoice

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form PRVA-1, block (04), columns (a), (b), (c), (d) and (e) in the appropriate row.